



John Elias Baldacci  
Governor

STATE OF MAINE  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
BUREAU OF ELDER AND ADULT SERVICES  
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11 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0011

Jack R. Nicholson  
Commissioner

## MAINECARE HOME HEALTH PAYMENT RESEARCH FORM

Date: \_\_\_\_\_

Home Health Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Member Name: \_\_\_\_\_

MaineCare #: \_\_\_\_\_

SS #: \_\_\_\_\_

### 1. Initial Certification Payment Issues

Start of Care Date: \_\_\_\_\_

Admit/Discharge sent: \_\_\_\_\_

Initial Certification Period: From \_\_\_\_\_ to \_\_\_\_\_

Payment Dates in Question: From \_\_\_\_\_ to \_\_\_\_\_

Disciplines billing for:

Explain Problem:

### 2. Prior Authorization Payment Issues

Prior Authorized Period: From \_\_\_\_\_ to \_\_\_\_\_

Referral Date: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Payment Dates in Question: From \_\_\_\_\_ to \_\_\_\_\_

Disciplines billing for:

Explain Problem:

**Please submit copies of the start of care, admit/discharge form and other pertinent information to support your request. DO NOT send copies of rejected claims. Fax to 287-9231.**

### 3. BEAS Response

Date: \_\_\_\_\_

☐ No admit/discharge on file. Please submit admit/discharge form for this consumer.

☐ PA required for this discipline. Please make a referral to Goold for prior authorization.

☐ No Section 17 document for exemption received. Please submit Section 17.

☐ Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_